ENTRY BLANK	1/
PLEASE TYPE OR PRINT	Entered previous May Shov
	yes no
Ms.	
□ Mr. Artist <u>LORNA</u>	(Last Name Last)
	(Last Name Last)
Address 3905 /	nonticello
Street	City
44121 Tel. (216) 2	91-0786
Zip Area Code	11 0100
Tamparantar	
Studio Address Sume	
Street	City
Tel. ()	
Zip Area Code	
	f the counties of the
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?	
Collaborator(If Any)	
If May Show entries are not accepted or not sold: ☐ Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist C.O.D. at this address:	
CARLON OF MARKET SECTIONS	
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.	
This entry blank must be fully made entry blanks will not be accepted.	out and signed. Unsigned
Note carefully calendar for delivery a understood that the Museum will had its own account any objects not called	ve the right to dispose for
It is also understood that accepted objects will remain on exhibition until June 4, 1978.	
The submission of objects will be construed as acceptance of all conditions printed in the entry information. Signature Aurica	
Signature	THE THE PARTY OF T